To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall

THE MUNICIPALITY U	ISED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAY			Madiso
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: Tonefrice Lewis	street: TT Winsiowst	□ Town □ Village □ City	11/23/2011	Email
sign:	City: ROCINE Zip: 63464	Pacine WI (Municipality Name)	(Month) (Day) (Year)	Phone (
Prin: Davidu Koiger	Street: 138 Blaineaux	☐ Town ☐ Village  ☐ City	11/23/2011	Email
Signification has been supported as the support of	chy: Racine zp: 53405	(Municipality Name)	(Month) (Day) (Year)	( Email
Print Heidi & Panyk	street: 1620 Rapids Dr.	☐ Town ☐ Village	11/23/2011	263 Phone
sign: Need. C. Tangk	City: Racine W. Zip: 53404	Racine W. (Municipality Name)	(Month) (Day) (Year)	( Email
Print Keturah Jakins	street: 3913 Green Street Apt. 2	Parine, WJ	11 /23/2011	Phone
Sign: Notwork Pidlin	city: Racine zip: 53404	(Municipality Name)	(Month) (Day) (Year)	( Email
Princition Salamone Cacint	street 2215 Georgia pre 53424	Town Village City City City	V /23/2011	Phone
Sign: CO Jam Call 1800	city. Racine zip. 53404	(Municipality Name)	(Month) (Day) (Year)	)G)
Kuly Gallaher Dimle (Reinted Name of Circulator)	Certification of Circulator  Vertify): I reside at 4672   Circulator's Residence - Street Name and Nu	mber) ME Pleas (Circulator Munic	<del></del>	Circulator:

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a). Wis. Stats.

<u> </u>	23	/20 ) (	- allalion
(Month)	(Day)	(Year)	(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				Madisc
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Lakazia Ellis signi X ahana Ellis	Street: 1016 Mayfair DR	Town Village Raine	11/23/2011 (Month) (Day) (Year)	Email Phone
2.	city: Racine zip: 5340Z	(Municipality Name)		( Email
Print Mary Buscemi	Street: 2815 Derry Lu	□ Town  Village □ City	11 /23/2011	
sign: May Buscene	civ. Racine WI zip. 53404	(Municipality Name)	(Month) (Day) (Year)	Phone
Print Frin Krenasz	Street: 1913 21St Street	□ Town □ Village  City	11 \$3/20 1	Phone
Sign: USA Y (USA)	City: Pacine, UT 21p. 53403	(Municipality Name)	(Month) (Day) (Year)	(
4. Print: En'a Friedrich Sign:	Street: 2309 Geneva St City: Racine WI zip: 53402	Town Village City  (Municipality Name)	11 /23 /20 11 (Month) (Day) (Year)	Phone (
5. JAMES F. NELSON Sign: Jam DW m	Street \$165.WISCONSINAVE	Town Village City  MAC [ N E  (Municipality Name)	11 /23/2011 (Month) (Day) (Year)	Email
Sign: 40-47	City: RACINE Zip: 53403	(Municipality Manie)		1 (
I, Kelly Gallaher Din Printed Name of Circulator)	Certification of Circulator  Certify): I reside at 4672   Wollwood  (Circulator's Residence - Street Name and Num		Saut cipality)	Circulator Please include

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	со
1. Wendell Actions sign: Lumbul Oution	Street: 1720 Hill 5+	Town   yillage   City   Acting (Municipality Name)	1 /23/2011 (Month) (Day) (Year)	Blec W
2 1	chy: Racine Zip: 53404			Email
Print: NAPOLEON HARDY	Street: 707 Kingston Aue	Town Village Baline	11 /23/20/1	Phone
Sign:	City: Raeiwe zip: 5340Z	(Municipality Name)	(Month) (Day) (Year)	
3. Joseph Miller	Street: 4405 Kennedy D-#204	□ Town SVillage □ City	11 /23/20 11	Email
Sign: Joseph Mill	city: Raci'ne 21p.53404	(Municipality Name)	(Month) (Day) (Year)	Phone (
4. John Cochem	Street: 1115 Romayee ACR	Town Village City ACINC (Municipality Name)	11/23/20/1	Email
sign fill (delle	cu: LACINE WIS 210: 5340Z	(Municipality Name)	(Month) (Day) (Year)	Phone (
5. TRACEL CochRAN		□ Town □ Village □ City	(/   22 00:1	Email
Sign: Marcy Coeffee	City: Riskine Wazi. 53402	(Municipality Name)	(Month) (Day) (Year)	Phone (
I, Kelly Gallaher Dim	Certification of Circulator (certify): I reside at 4622 Knoll Wood (Circulator's Residence - Street Name and No	unber) (Circulator Mun	asant	Circulators,

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recall petition. I am aware that falsifying this certification is punishable under 8.12.13(

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
	"Jarod Balderas	Jarod Baldevoo	Street: 1108 S. MOMORIAL DY City: Pacine W1 zip: 53404	Town Racine	Month) (Day) (Year)
	Daniel A, Panyk	Damiel A. Pangle	Street: 1620 Rapids Dr. City: Racine Zip: 53404	Town Uvillage City Racine Wi	// /23/20 1 (Year)
	Linda Radliff	Linda Radto	Street: 1300 Kewalihel St City: Racine zip: WI	Town Village Circle	// 2 20 1 (Month) (Day) (Year)
	4.		Street:  City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
	5.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
	6.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
	7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
	<b>8.</b>		Street: City: Zip:	☐ Town☐ Village☐ City	/ /20
	9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) / (Year)
	10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
I,I per the p	Lelly Gallaher Mame of Circult sonally circulated this recall petition and personally obtager with full knowledge of its content on the date indicate in the content of the	ator) 1	fy): I reside at 4622 Knd 1680 (Circulator's Residence – Street name an he signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsify	d Number) (Circulator Me officeholder named in this petition. I know thing this certification is punishable under S.12.	San Hunicipality) hat each person signed 13(3)(a), Wis. Stats.
_	$\frac{1}{\text{(Month)}} / \frac{2}{\text{(Day)}} / \frac{20}{\text{(Year)}}$	- Frivalli	(Signature of Circulator)	,	Official Use Only)

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1. Print Maxissa Tirado Sign Manusser Luado	Street: 5321 16+ n5+.  City: RGCINE Zip: 53403	Town Village Noity Raune (Municipality Name)	11 /23/2011 (Month) (Day) (Year)	Phone (26)
2. Croyen Prescott sin Diryn B. Pleasett	street: 0421 Erre St.  city: Racino 21p: 53402	Town Village Excity  (Municipality Name)	11 /33/20 11 (Month) (Day) (Year)	Email 9 K Phone
3. Both Schaefer Sign: Detto N Schaef	street: 2841 Northbridge Dr City: Racine Zip: 53404	Town Village RCity  Racine (Municipality Name)		Email bsch Phone
sign: KAREN ANDERSEN		Town Uillage City (Municipality Name)	// /23/20// (Month) (Day) (Year)	Phone (24
sign: Owar Stranger	Street: 821 Hamilton St.	Town Village City  (Municipality Name)	// /33/20// (Month) (Day) (Year)	Phone QC
I. Kelly Gallaher Dimler Printed Name of Circulator)	Certify: I reside at 4622 Knoll W 304 (Circulator's Residence - Street Name and Nur	umber) Wt Pleas (Circulator Munic	<del></del>	Circulator

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper withfull knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 6.12. N(3)(a)/Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Madiso THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE DATE OF SIGNING MUNICIPALITY OF RESIDENCE Rural address must also include box or fire no (Also Indicate Town, City, or Village) Email ☐ Town
☐ Yillage Phone (Municipality Name) 2. Email □ Town ☐ Village ☐ City Street Phone (Month) (Day) (Year) (Municipality Name) City: 3. Email ☐ Town ☐ Village ☐ City Street: Phone (Month) (Day) (Year) (Municipality Name) City: 4. Email ☐ Town ☐ Village ☐ City Street: Phone (Municipality Name) (Month) (Day) City: 5. Email ☐ Town ☐ Village ☐ City Street: Phone (Month) (Day) (Year) (Municipality Name) City: Zip:

1, Kel Pallaher Dimlering: Ires	Certification of Circulator the at 4622 Knoll Wood	M+. Pleasant
Printed Name of Circulator)	(Circulator's Residence - Street Name and Numb	er) (Circulator Municipality)
I personally circulated this recall petition and personally obtained each of t named in this petition. I know that each person signed the paper with full k recall petition. I am aware that falsifying this certification is punishable but	nowledge of its content on the date indicated opposite his or her	of the jurisdiction or district represented by the officeholder name. I know their respective residences given. I support this
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(certify): I reside at 4622 Kmoll W & Cod
(Circulator's Residence - Street Name and Number) Circulator Please include Phone

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	NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
	1. Juan D. Avila =	Street: 2423 Daniles Ave	☐ Town ☐ Village ☑ City	11/23/2011	Email
<i>J.O.</i>	sign: Shappi	city: Racine zip: 53402	(Municipality Name)	(Month) (Day) (Year)	Phone
	Print: Dennis Heppel	Street: 1127 Brooker 9 T	□ Town □ Village □ Lieny	11 /2/2011	Email
-	sign: Diennis It fifel 3.	city: Racine zin: 53404	(Municipality Name)	(Month) (Day) (Year)	( Email
	Prin STAN J. Nici Kowski	Street: 1823 GREEN 5T.	□ Town □ Village ★ City	11/23/2011	Phone
	Sign:	City: RACINE Zip: 153403	(Municipality Name)	(Month) (Day) (Year)	(
	Print: Abigail M. Small Sign: ASSI	Street: 3423 10th Ave.	□ Town □ Village  PCity  (Municipality Name)	11 /23/2011 (Month) (Day) (Year)	Email QM Phone
	5.	city: Racine zip: 53402	□ Town		( He Email
	Jamiele Buston	Street: 23/7 Prospect St	Village   Vill	// 23/2011 (Month) (Day) (Year)	Phone
l	I, Vell Gula her V.	Certification of Circulator  Certify) Treside at 4622   Wood   Wood    (Circulator's Residence – Street Name and Nur	nber) Ut Plea (Circulator Muni	Saut cipality)	Circulator Please include

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Print: DARUIN MARTIN	Street: 913 College	□ Town □ Village □ City	11/23/2011	Email
Sign: Danur Marett	City: RACINE Zip: 53403	(Municipality Name)	(Month) (Day) (Year)	(
Print: Cassie Wenthur	Street: 1407 hamilton St	□ Town □ Village □ City	11 /23/2011	Email
Sign: Cause Weathuit	city: Racine WI zip: 63404	(Municipality Name)	(Month) (Day) (Year)	Phone (
sheefight Hunter	street: 1018 Marquette st city: Racine WI zip: 53404	Town Village City (Municipality Name)	// /23 / 20 // (Month) (Day) (Year)	Phone (
4. MICHAEL A HOLOW Sign: MAN CA HOLL	Street: 2031 BLAKE AVE-	Town Village City (Municipality Name)		Email Phone
sign: ALK Well	Street: 234 Coolidge ave	Town Village Racine (Municipality Name)	// /23/20// (Month) (Day) (Year)	Phone (
I. Kelly Gallahes Diml	Certification of Circulator Certify): I reside at 4622 Kwll Wood (Circulator's Residence - Street Name and Num	mber) (Circulator Munic	saut	Circulators

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(6), Wig. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1.  Princ Deborah L. Nicikauski  sign Abbarah d. Nicikauski	Street: 1823 Green St	☐ Town ☐ Village 【**City**	11/23/20_11	Email
signal borah d. Nicikowski	chy: Racine zip: 53402	(Municipality Name)	(Month) (Day) (Year)	Thone (
Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	(
Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	(
Print:	Street:	□ Town □ Village □ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	( -
5. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone
1 Let u Gallaher Dimler	Certification of Circulator  (certify): I reside at 46224 will word	Wt. Pleasar	Ł	Circulator

(Circulator's Residence - Street Name and Number)

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hder S.12.13(3)(a), Wis. Stats.

(Printed Name of Circulator)

recall petition. I am aware that falsifying this certification is punishable

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Please include y Phone

Email

(Circulator Municipality)

Page No. (Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: Brian Karrer Sign: B. M. Kan	Street: 3347 9th. Ave,  City: Racine zip: 53402	1 1/2	11 /23/20 <u>11</u> (Month) (Day) (Year)	Phone
2. Army Lesnjak Sign: Army Lusejak	Street: 3250 Fenceline  City: Franksville WI	Town Village City  (Municipality Name)	i BB/20LL Month) (Day) (Year)	Phone
Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone (
4.  Print:  Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Email Phone
Print:	Street:  City: Zlp:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone (
Vell Gallalan Diml	Certification of Circulator	VIITY	, <u>L</u>	<del> </del>

Kelly Gallahea Dimlery	Certification of Circulator Treside at 4622 Knd WAd	M+ Deasant
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)
personally circulated this recall petition and personally obtained each named in this petition. I know that each person signed the paper with a ecall petition. I am aware that falsifying this certification is punishable	n of the signatures on this paper. I know that the signers are electors of the junual knowledge of its content on the date indicated opposite his or her name. I can der \$.12.13(3)(a) Wis. Stats.	risdiction or district represented by the officeholder I know their respective residences given. I support this
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Madison, THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING MUNICIPALITY OF RESIDENCE CON NAME & SIGNATURES OF ELECTORS DATE OF SIGNING STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. (Also Indicate Town, City, or Village) 1. Email Town Village Phone Email ☐ Town Street: 1225 Walf ST ☐ Village ☐ City Phone Email □ Town ☐ Village 11 /23/2011 Phone Email ☐ Town Village ☐ City Phone Email ☐ Town Phone Certification of Circulator -Pleasant ev (certify): I reside at 4622 Knoll Wood

(Circulator's Residence - Street Name and Number) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper withfull knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this

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(Month) (Year) (Signature of Circulator)

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Committee PO Box 2

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Circulators,

Email

Please include your Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison,
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	со
1. Sign: Abdulah Sign: S	street: 464 3m, (pR)	Town Village City (Municipality Name)	1/9.3/2011 (Month) (Day) (Year)	Phone Quy
2. Print:	Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Phone (
Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone
4. Priot:	Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Phone
5. Print:	City: Zip:  Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Phone
Kelly Gallaher Dim	Certification of Circulator    Certification of Circulator   4427   100   100     Circulator's Residence – Street Name and Nu.	mber) Mt.Ple	asant	Circulators, Please include you
personally circulated this recall petition and personally ob amed in this petition. I know that each person signed the p ecall petition. I am aware that falsifying this certification i	stained each of the signatures on this paper. I know that the signers are electo paper with full knowledge of its content on the date indicated opposite his or s punishable under S.D. 3(3)(a), Wis. Sats	rs of the jurisdiction or district represented by t	he officeholder	Phone

(Month)

K23274-

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
DUNNA LATHLOP	Honnu Lath	street: 1416 Shoreland Opile CIO RACINE Zip: 53402	Town Village RCine	(Month) (Day) (Year)
Phyllis England	Philles England	Street: 1213 Florence AVENUA  City: DACINE Zip: 53462	Town Uillage Acine	$\frac{1}{1}$ $\frac{1}$
MARLEEW MILLER	moulen Miller	Street 1 1 57 2 B 5  City: RACINE Zip: 5 3403	Town Utillage RAO/NE	17 / 20 5E W 17 / 2420 11 (Month) (Day) (Year)
Patricia L. Rossman	Patricia L. Rossmen	Street: 111 11th 5t, 6A5  City: Rache 73403	Town Uvillage Accine	// / 20/20// (Month) (Day) (Year)
Warren O. Rossman	Waron D. Aoseman	Street: 11 1 1/th . St . 6 \$.5,  City: Pacaine 21p: 57403	Town Uillage Rachae	///2020// (Month) (Day) (Year)
NANCY D. MEINHOR	2 Loney D men Lag	City: RACINS & Zip: 53406	Town Uillage Scity RACINE	// 23/20// (Month) (Day) (Year)
Stephen Marsteller	0 1011	Street: 4855 Conlaine Dr City: Racine W/ zip: 53402	Town Cakdonia	// /23/20// (Month) (Day) (Year)
DONNA ERICKOO	Donne Erickson	Street: 3463 & 5 Mile RD  City: Caledonia WI zip: 53108	Town Usillage Reymond	// \d 3 \ 20_// (Month) (Day) (Year)
Michael Jacobs	Michael Jacobs	Street: 1324 Cleveland Ave City: RACINE Zip: 53405	□ Town □ Village R4Cive	// /23/20// (Month) (Day) (Year)
Michael Vilbaum	Michael Villaun	street:8307 State HW9 38 City: Caledonia zip: 53108	Dr. Town Dr. Village CAledonia	11/23/2011 (Month) (Day) (Year)
JANE E WITT	Certification of		RACINE	

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. Page No. (Official Use Only) (Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard

	Total Gold, Willer Bir Eddit Time Western His	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN		S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Daniela ILic	Panela Sli	Street: 4213 6 Mile Rd.  City: Racine, W1 zip: 53402	Town Stillage Coledonia	// //8/20/// (Month) (Day) (Year)
Stephanie Voile		Street: 04206 CARTISTE AVE City: MANSASVITE Zip: 63137	Town Village Dover	(Month) (Day). (Year)
PAAL DYGON	Paul Dyn	Street: 7924 Ewid Lake 12d City: Wind Work zip: 53186	Town   Village   VOTWOJ	(Month) (Day) (Year)
JULIANG RUIZ	Juleon C. Kur	Street: 2117 KENTUCKY ST.  City: RACINE, LIL Zip: 53405	Town Uyillage FCity  ACINE	///12/20 <u>//</u> (Month) (Day) (Year)
JULIANG RUÍZ	D-J/MZ	Street: 31/1/2 LAGA/LI ST City: PAGM Zip: 57407	O Town O Village City City	) (/JH/20_Y (Month) (Day) (Year)
	e de la companya de l	Street:  City: Zip:	□ Town □ Village □ City	/ 20(Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
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		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)

I personally circulated this recall petition and personally obtained each of the signatures on this paper, I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signer the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective respective respective respective respective respective respective. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator) (Month) (Day) (Year)

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

No. on the Control of	12 of the Wisconsin Constitution and S.9.1 graphs of the Wisconsin Const	TY OF RESIDENCE, IS NOT SUFFICIENT: THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.
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Amanda S. Langel	amanda Sjangel	Street: 2422 20th St. City: Racine zip: 53403	Town Village Racine	// // 6/20 // (Month) (Day) (Year)
elores Milleselik	Deloris m Teselik	street: 8/0 English St.  City: Racine zip 53402	Town Village City City Control Village	///6/20// (Month) (Day) (Year)
Philip I VESTAIK	Philip of Varalila	Street: 310 F& g LIST ST. City: RACINE Zip: 53402	Town Village  OCity  PACINE	2(   20   20   (Year)
Frank Langel (	Frank Langel	Street: 1344 RAMONADE  City: RACINE Zip: 53406	Drown Village Dieasan	/( /( 7/201) (Month) (Day) (Year)
ignthia L. Tremelling	Cynthia Themolleny	street: 5019 Lindermann Ave  City: Racine zip: 53406	□Town □Village  ©City Racine	11 /17/20_11 (Month) (Day) (Year)
Cheryl Langel	Cherry Large	Street: 1344 Kamona DR City: Racine zip: 53466	City Mt Plaisen t	// //7/20 <u>//</u> (Month) (Day) (Year)
Virginia I. Kroll	Vugino Koll	Street: 5219 Lindermann Ave City: Racine zip: 53406	O Town City Racine	11/11/20_11 (Month) (Day) (Year)
Annelle Kroll	All Conf	Street: 5279 Lindler mars And City: Kache 21p: 53406	□ Town □ Village  City  Rac No	Month) (Day) (Year)
Robert A. Veselile	Robert A. Veselib	Street: 8/0 English ST.  City: Racine, WI zip: 53402	Town Village Racine	// 19/20// (Month) (Day) (Year)
Stephen J HORN	Duppen J Ham	city: Racine WI zip: 53405	Town Village Kacine	11/19/2011 (Month) (Day) (Year)
manda S. Lang (Name of Circlus	lator)	fy): I reside at AAA AOT ST	Kacine Kacine (Circulator N	Municipality)
nally circulated this recall petition and personally obtained with full knowledge of its content on the date indiction of the date i	ained each of the signatures on this parter. I know that it cated opposite his of her name. I know their percent of the signature of the signa	ne signers are electors of the jurisdiction or district represented by the esidences given. I support this recall petition. I am aware that falsifying (Signature of Circulator)		Official Use Only)

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Nancy Lenzke	Nancy Leuzke	street: 1347 Prairie Drive  cts: Racine zip.53404	Village Mt. Pleasant	// //4/20// (Month) (Day) (Year)	Email Phone
Laura J. Frey	Laur Jay	street: 3501 Meachen Rol  City: Racine zip: 53405	Prown O'Village Mt. Pleasant	//6 /20	Email Phone
3. Elizabeth Surendonle	Euzabeth M. Surendonk	Street: 1213 Cedar Creek St	Town Village Raune	// W/2011 (Month) (Day) (Year)	Email Phone
4 Mary Stoewe	Mory Stown	Street: 4211 fleusun+in City: Racine zip: 53405	O City MAPlea sagt	OL /4/2011 (Month) (Day) (Year)	Email Phone
5. John Surendonk III	Joh Jullit	Street: 1213 Cedar Creek st City: Racine zip:53402	Town Village Rucine	M /16/20 N (Month) (Day) (Year)	Phone (
Jerrold Belland	Sprold Bolland	Street: 5034 CYMARI ane City: Racine zip: WI	Town Village MT. Peasant	(Month) (Day) (Year)	Phone
Dianne Belland	Nian-Beland	street: 5034 Cynthia Lane City: Racine zip: WF	Arown Village Mt. Pleasant	11 /17/2011 (Month) (Day) (Year)	Phone (
Eugere A. Modestis	Ey a Moup	Street: 3/28 Red Berry Rd City: Kacine Wt zip: 53406	City Caledonia	///720/1 (Month) (Day) (Year)	Phone (
Lori Matthews	Loyortha	Street: 1708 College Are City: Racine W1 Zip: 53403	Scity Pacine	1//Z/20 <u>//</u> (Month) (Day) (Year)	Phone (
Tolan Surendoule	Jelen Buckete	City: Racing WI zip: 53403	Town Village Skity Racine		Email Phone
John Suren	Certification (cert	of Circulator ify): I reside at 1622 College Avi	r Racin	e	Circulat

Phone

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Richard Therkelsen	Rechard Horkelson	street: 5305 Gallant Fox Ly  City: Racine zip: 53402	□Town XVillage □City Caledonia	///9/20 <u>//</u> (Month) (Day) (Year)	Email Phone
CAROL THERKELSEN	Carol Therkelon	Street: 5305 GALLANT FOX LN  City: RACINE Zip: 5340Z	Town Village CALEDONIA	11/19/20_1] (Month) (Day) (Year)	Phone (
Monica Dixon	Monica Dy:	street: 2506 James Blud  City: Racine zip: 53403	Town Village Racine	////9/20_// (Month) (Day) (Year)	Email Phone (Email
JUAN B GUZNA	Jus. Sy	Street: 211 BARKET ST City: RACINE Zip: 253402	Town Village RCity  RACINE	////9/20// (Month) (Day) (Year)	1 1
Joan CRENNERS	from Seavest	Street: /62/WEDGE WOOD DR City: RACINE Zip: 53402	Town City ALEDONIA	// /9/20 <u>//</u> (Month) (Day) (Year)	Phone (Email
MORBERT R. RENNERT	Mobilens	Street: 1621 OCD SEWOOD DR. City: RACINE , 2ip: 53402	Town Village City CALEDONIA		Phone
TURN RMARTINEZ	Jue 2 Montry	Street: 4505 Apple TREE CR City: RACIAL Zip: 57405	Town Utilage City  RACINE	1 // /9/20 <u>//</u> (Month) (Day) (Year)	Phone
Luy MARTINEZ	Luce Mortene	city: 4505 APPLE Tree Gar 53405	Town Utilage City  RACINE	[// /9/20// (Month) (Day) (Year)	Phone
Susan K. Ford	Susan K. Ford	street: 1221 Augusta St City: Racine Zip: W93402	Town Village RACINE	// //9/20// (Month) (Day) (Year)	Phone
Thomas H FORD	thous HAD	Street: 1221 AUGUSTA  City: RACINE Zip: 53462	Town Village RACity RACITE	// /9/20/( (Month) (Day) (Year)	Email Phone
Susan K. For		of Circulator  tify): I reside at 1221 AuGUSTA	ST RACINE	= WI	Circ

(Circulator's Residence — Street name and Number)

(Circulator Municipality)

1 personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month) (Day) (Year) Surcan K HOLD
(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard

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Jeanne Dodge	Gens Nodge	Street: 2912 Old Mill Da.  City: Racine 5/123405	O'Town O'Village City Racing	(Month) (Day) (Year)
JUDITH EXNER	Judith Egner	Street: 2933 Old Mill Dr.	Town Village City Racina	//////20 <u>//</u> (Month) (Day) (Year)
JOYCE THOMSEN	Joyce Chomsen	Street: 2935 old mill Dr City: Pracine Zip: 53405	□ Town □ Village  BCity Racine	// //6/20 (L (Month) (Day) (Year)
ARTHUR THOMSEN		Street: 2935 Old mill Dr City: Par Zip: 53405	Town Village Rache	// /6/20// (Month) (Day) (Year)
Kathleen Dulan	nalud need tax	Street: 2748 Old Mill Dr City: RAcine zip: 53405	□ Town □ Village  ☑ City  RACINE	11 /16/2011 (Month) (Day) (Year)
DAYOG. Polnal	Sovied H. Nelon	city: Placine zip: 53405	Town Village Procure	(Month) (Day) (Year)
JIZABET H WALTON	Elzebet H Walt	Street: 2929 Old Mill Dre City: RACINE zip: 53405	Town Village Recity	////20 <u>/</u> (Month) (Day) (Year)
Heidi Bengtson	Heidi Bengtson	Street: 1411 Warwich Way # 206 City: Racine Zip: 53406	Grown Grillage Mt. Pleasomt	(Month) (Day) (Year)
B. KROLL	PATRUCE!	Street: 347 3 MCP TO Zip: 55404	Down Village ALED ON FA	// // 7/20/ (Month) (Day) (Year)
	V	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)

	DAYOG. POLAN	Doved A. Nelon	city: Placine	zip: 53+05	activ (2003)	(Month) (Day) (Year)
- Lucius - L	7. Elizabet H WALTON	Elzebett H Walt	Street: 2929 Old Mill City: RACINE		Town Village RWCINE	// // // 20 <u>/</u> (Month) (Day) (Year)
	8. Heidi Bengtson	Heisei Bengtson	Street: 1411 Warwich Wa	_	Town Strillage City Mt. Pleasowt	[[/[7/20 <u>]]</u> (Month) (Day) (Year)
	9. B. KROLL	PATROC.	Street: 347 3 MAZ	D zip: 53-404	Town Village City City	// // 7/20_/ (Month) (Day) (Year)
	10.		Street:	Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Certification of	of Circulator			ı
	Sonja Bengal (Name of Circul sonally circulated this recall petition and personally obta paper with full knowledge of its content on the date indic	lator) ained each of the signatures on this paper. I know that the	(Circulator's Residence of the jurisdiction or of the jurisdiction o		d Number) (Circulator No entire of the control of t	Aunicipality) nat each person signed
	// / 23 /20 // (Month) (Day) / (Year)	_ Sonja	(Signature of Circulator)		Page No. (0)	official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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	1. BARYO.HALVERSON	Cay O. Malue	Street: 1519 Knemer Ave City: AAChe zip: 53402	Town Stillage City Aholopia	// \$3/20// (Month) (Day) (Year)	Email Phone ( )
	John G De Growe	John John Sure	Street: 1223 VC+ 8/14/a St City Recelle 21053405	O'Town O'Village City Raa, he	11 \$\frac{2}{20} \frac{\pmu}{\pmu}\$ (Month) (Day) (Year)	Email Phone
	DAVID L. KIERSTYN	Raid L. Krasty	Street: 8307 STATE ROAD 38 City: CALEDOMA zip: 53108	Town N Village City CALEDONIA	// /3/20/	Phone ( )
	Lynda Mucha	Lynda Mucha	Street: 150 Northwood Dr City: Racine zip: 53402	Styllage Caledonia	11 23/2011 (Month) (Day) (Year)	Phone ( )
	Jim Thompson	Tim Thompson	Street: 5027 CANDLELIGHT DR City: RACINE Zip: 53402		// /3/20//_ (Month) (Day) (Year)	Phone ( )
į	6. LESLIE A. PARKER	Leli-ba Parka	an Boulder TRI # 902	Town Village VIII VILLASILINI	(Month) (Day) (Year)	Phone ( )
	7. Lucille Guil bault	Sicille Secilbacelt	Street 2 Paosenell 53406 CHYPacine Illis Zip.	O Town O Village Deity Paerre (d) is	11/23/2011 (Month) (Day) (Year)	Phone ( )
,	8. JOAN ROESGEN	Joan Rolsgen	Street: 101 LAMPLIGHTER LN City: PROINE WE Zip: SEYOD	Town Village City/ND POINT	// / 23/20// (Month) (Day) (Year)	Phone ( )
	9. WILLIAM ROBGEN	all. Roe	Street: 101 CAMPCI CITTER LN City: RACINE WI Zip: 53402	Town PVIIIage City WIND POINT	/2/20/1 (Month) (Day) (Year)	Email Phone
	Judith M. Lewart	Justin Jenent	Street: 8800 Camelot Trace City: Sturtevant, WI zip: 53177	□Town  Sturterant	// 23/20// (Month) (Day) (Year)	Phone ( )
· I, _	Melay Rame of Circul	. (	J. v	RA Village of	Caledolia Municipality)	Circ <u>ulators, p</u>
I pe			he signers are electors of the jurisdiction or district represented by the		1 7	Phone

(Month)

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Page No. (Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard

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Carol A. marx	Carol a. may	Street: 2507 Longine City: Racine Wis Zip: 53404	OTown OVillage Picity Recine	///23/20 <u>//</u> (Month) (Day) (Year)
BRIAN D. MARX SR.	Brian & Manda	Street: 2507 Lonaine  City: Racine Wis zip: 53404  Street: 2507 LORAINEAUE  City: RACINE Zip: 53404	Town Village RACINC	// /3/20_// (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20(Month) (Day) (Year)
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•		Streef:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
Helody P.	Certification	1	Road Village 07	0 0 1 1

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Day) (Year) K23203-2

## VANSWANGGAARD REGAD

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State South Existing of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.		Mac
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Ellen Deering	EllenDoring	Street: 700 Lahr au #6 City: Racino, M Zip: 53403	D Town Village Racine	U /20/20 U (Month) (Day) (Year)	Email Phone	
Darbara Dearing	Barbar Deening	Street: 700 hake Aue #12	Village Roune	)) /20/1 (Month) (Day) (Year)	Email Phone	
3. May 17 ton		Streets	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email	
FRED R. SANGER	Fr. OR Send	City: 24p: 55403	Town Village Caccal	( /2 /20 ( (Month) (Day) (Year)	Email	
5. Bynishia Snuth	Dynisher Suo	Street: 2300 Jacato Dr.	Town Pacific	(/27/20 [] (Month) (Day) (Year)	Email Phone	
Chestie Lister	Kesti Lus	Street: 2306 JACATO DR MIL, Street: 2306 JACCON DE MIL, City: Par Cine Was zip: \$3404	Town Village City Con	// /2H20 // (Month) (Day) (Year)	Email Phone	
7. Anna	Da- in Halva	Street: 1401 11445 + City: Racing, WI 21p: 53403	Town M.L.  Village  ACity  City  Cit	(Month) (Day) (Year)	Email Phone	
8. Lisa Moralez	Luis Miras	street: 3409 Victory Aud  city: Rucine zip: 53405	□ Town □ Village		Email Phone	
9. Grace M. Rivera	grace m R	Street: 1227 Lathrop Ave	Town Village Cacine	1 ( /22/2011 (Month) (Day) (Year)	Email Phone	
10.	Was Jack and Was	Street: 3042 Phillips W  City: Racine zip: 53403	Town RUCINE	// /3/2011 (Month) (Day) (Year)	Email Phone	
MARY LAND	Certification	111111111111111111111111111111111111111	0.0	ACINE	/ atm	

(Name of Circulator)

(Circulator's Residence – Street vame and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this lecall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Day) (Month) (Year)

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THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	VICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
ANTHONY SEV VRA	D Liga I	Street: 1505 WEST BIVD.  City: RACINE WI. Zip: 57405	O'Village Racino	// /22 / 20 <u>((</u> (Month) (Day) (Year)	Email Phone
ANTHONY SEGURA  ames Michael William	so Jun millionen	city: Dache, W/S Zip: 53405	□ Town □ Village □ City Racue		Email Phone
ack By thus	Work Buth	Street: 4449 Shoke 490EN  City: RACHAE Zip: 53405	City Mr. Pleasant	// /2Z / 20 <u>V</u> (Month) (Day) (Year)	Email Phone
EVARN HARLAN	Levay Horlon	Street: 1534 PACKARS AU2 City: Rucine Wie 219:53403	Town Village Rock	(Month) (Day) (Year)	Phone (
risty Turner	Kristy Bush	city: Shertevant zip: 53177	Town Village Shirkvant	// /23/20// (Month) (Day) (Year)	Phone (
Ateina Sullivan	Patrice Sellia	Street: 1343 Bluffour VCity: RACINE 2ip:534x4	Drown Uvillage  ACINE	(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone (
		Street:  City: Zip:	□ Town □ Village □ City	/ /20	Email Phone
		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email

(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this repail petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed (Name of Circulator) the paper with full knowledge of its content on the date indicated opposite his or her parts. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Month) (Day) (Year)

Circulators, ple

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#### VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS  SIGNATURES OF ELECTORS  STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.  1. Machan Lawson Machan Street: 1517 South St 1/2 City: Racine  Street: 1938 Saturn  City: Racine  Street: 1938 Saturn  City: Racine  City: Racine  Town Voting MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)  DATE OF SIGNING  MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)  City: Racine  Voting MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)  Town Village Voting Votin
2. RoyL, Edwards for Letwards f
RoyL, Edward for discours (Month) (Day) (Year)
3. Town
Celex litight Dubt to Street: 3120 Ki Det Town Village Racine Zip: 53405 City Racine R
Valena Olleman Valena J. Coleman City: Racine Jay 534/05 City Racine (Month) (Day) (Year)
FRIS MANDERFIELD Sis Marchiefield City: Racine zip: 53465 Trown (Month) (Day) (Year)
6. Lelly findal Culty Indall City Stortes and zip: 53177 City Stortexant (Month) (Day) (Year)
Troy welch from Welch Giv. Racine Zip. 53405 Town   Town   Town   Town   Month (Day) (Year)
LEONARD SANTON HOURT Study Street: 164/ PARK Town Village Racine (Month) (Day) (Year)
Mari Banaszak Mari Banaszak City: Racine, WI zip. 53405 City Racine (Month) (Day) (Year)
Meredith Weber meredith Weber meredith Weber Street: 6700 Marrher Dr # 200 Town Willage Mt. Pleasant 1/2/2011 (Month) (Day) (Year)
MARY LAND Certification of Circulator Dall Hayes Ave Reclive

Mere	dith Weber Mu	Worth Weber Street: 10 700 City. Mt P	lesant 21,53406	Village Mt. Pleasant (Month) (Day) (Year)
MARY	LAND	Certification of Circulator	7711 HARVED MA	se Rocine
rsonally circulated thi	(Name of Circulator) is recall petition and personally obtained each edge of its content on the date indicated oppos	of the signatures on this paper. I know that the signers are electesite his or her name. I know their respective residences given. I s	(Circulator's Residence – Street name and Nors of the jurisdiction or district represented by the of	ficeholder named in this petition. I know that each person signed
(Month)	$\frac{2}{(Day)} / \frac{20}{(Year)} -$	(Signature of C	(irculator)	Page No. (Official Use Only) #

VAN WANGGAARDEREGAULPEUTTON

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the Wisconsin District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.								
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTA		
1. Robert Pavlovich Jr.	Zohn T- Handoniel	Street: 8496 Westbrook Dr. City: Sturterant zip: 53177	O Town O Village Racine	11/21/20_1 (Month) (Day) (Year)	Email Phone	)		
Anna Diaz	anna Dian		Drown STURTWANT ML	11 /2/2011 (Month) (Day) (Year)	Email Phone	)		
RICHARD DISSMORE	DISSMORK	Street: 1900 QUINCY City: RUCINC ZING 3403	O'Village Racinse	(1212d	Email Phone	)		
John washington	John weerfisher	Street 3417LINDERMANNAVE CHYPRACINE ZIP53405	O Town M O Village OCITY AREINE	(Month) (Day) (Vear)	Email Phone	)		
Robert Dumas	Robe Damos	Street: 4219 Wright Aug City: RACINIQ Zip: 53405	Town Village RACINE	11 21/20 <u>1(</u> (Month) (Day) (Year)	Email Phone	)		
Margaret Gertz	Margant Gutz	street: 1358 Harrington Dr. City: Racine 1219: 53405	O Town O Village O City	1 /2//20// (Month) (Day) (Year)	Email Phone	)		
Scott Reading	Did H	Street: 1326 Car (5/8 40?) City: Lac UP- Let 210:53469	O'Village Lacil C	// /20// (Month) (Day) (Year)	Phone (	)		
8.MARC Jewsen	mure former	Street: 1246 N FANCHER RD City: RACINE WI Zip: 53406	Town A.L.  Willage Racinc	// /2//2011 (Month) (Day) (Year)	Email Phone	X		
Albert Martinez	Albert marting	Street 1548 phillips Ave 78 City: Racine Zip 33463	□ Town □ Village	// /2/2011 (Month) (Day) (Year)	Email Phone	)		
MAKVin YAtes	Macin Tolls	Street: 835 College AVE City: Racino WI zip: 50403	Village Racine	11 /21/2011 (Month) (Day) (Year)	Email Phone	)		
000001181	Certification of	of Circulator	Ma Racina					

Albert Martine 2 Albert Martine City: Racine 201 | Phone | Pho

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin peut

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	12 of the Wisconsin Constitution and S.9.1 PURPOSES, WHEN DIFFERENT THAN MUNICIPALT	U of the Wisconsin Statutes.  TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	PO E Madi
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONT
. Carrie Freeman	Camp Freeman	Street: 2926 LANGELINE ZIP. 53463	Town   Village   N L.	11/21/2011 (Month) (Day) (Year)	Phone ( )
Ing Schingect	300	Street: 996 Stret ford CT.  City: Racine Zip: 534066	Town Village Ralle	11 /21/2016 (Month) (Day) (Year)	Phone ( )
Pat B. Pavia	Pat B. Paria	Street: 1660 Cleveland Ave.  City: Racine Zip: 53403	Drown Uvillage Dacine	/1/21/20// (Month) (Day) (Year)	Phone
4. Richard W Banaszak	Richard Sanal	Street: 3318 Osborne Blud  Street: RACINE Zip. 5340	Town ML.  Deity RACINE	11 24/20 II (Month) (Day) (Year)	Phone ( )
Jenne Banezek	fill	street: 3318 OSDOTNE BIVA City: Racine Zip: 53405	Town Nillage Pacify A.L.	11 /21/2011 (Month) (Day) (Year)	Phone ( )
D'Anna mayweather	Dona	street/307 Fladerick St cty: Racine zip:53102/	Town NL.  Village  RCity Racine	Month) (Day) (Year)	Email Phone
7. PEarletha Baker	Rauletha Baker	Street: 1819 W6 th St  City: RACINE WI Zip: 532-104	Drown Dvillage DrCity Racine	// /21/20 <u>11</u> (Month) (Day) (Year)	Email Phone
8. DANA Clark	Dana  (Cloarx M.L.	Street: 5000 Gracelany Blvy *aa8  City: Racine V zip: 5340L	Trown M.L.  City Mt. Pleasan	11/a1/20_1 (Month) (Day) (Year)	Email Phone
9. Ponnette Davidson	Romette ander	Street: 4908 Scotts Way 201	Town Village City	11.  24/201/ (Month) (Day) (Year)	Email Phone
10.		Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
MARY LINC (Name of Circu		ify): I reside at (Circulator's Residence - Street name an	VL ROJNC d Number) (Circulator I	/ Municipality)	Circulators, pl
onally circulated this recall petition and personally obtaper with full knowledge of its content on the date indi-	ained each of the signatures on this paper. I know that	the signers are electors of the jurisdiction or district represented by the esidences given. I support this recall petition. I am aware that falsifyi	e officeholder named in this petition. I know ting this certification is punishable under S.12.	hat each person signed 13(3)(a), Wis. Stats.	Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate Distri

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NAME & SIGNATURES OF ELECTORS	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	NAME OF VOTING		
·	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
Phyllis miller	Street: 835 COllege ave	□ Town □ Village ☑ City	///5/20// (Munith) (Duy) (Year)	Er
Thefles Meller	chy: Kacine 24:53403	(Municipality Name)	(Month) (Duy) (Yesz)	(
	Streets	☐ Town ☐ Village ☐ City	/ /20	E
	Clty: Zip:	(Municipality Name)	(Month) (Duy) (Year)	F (
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	Street:	□ Town □ Village □ City	/ /20	
	Cliy: Ziş:	(Municipality Name)	(Month) (Day) (Year)	
	Street:	□ Town □ Village □ City	/ /20	
	Cliy: Zipı	(Municipality Name)	(Month) (Day) (Year)	
MARY LAND (Printed Name of Circulator) (cer	crtify): I reside at OZ// AACS /VL (Circulator's Residence-Street Name and Number 1)	RACINE mber) (Circulator Muni		Circu

recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis-Stats.

Page No. (Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING				
1.  Print EATH ICE MESONON  Signi Datrice Mi Howan	Street: 1850 13th Ltreet	□ Town □ Willage □ City	1/ 1/20 <u>/</u> /	Email			
Signi Datrice Mi Howen	Street: 1850 13th Ltreet  City: lacine zip: 53403	Municipality Name	(Month) (Day) (Year)	Phone (			
2. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email			
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (			
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Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (			
4.	Street:	☐ Town ☐ Village ☐ City	/ /20	Email			
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (			
5. Print:	Street:	☐ Town ☐ Village ☐ City	1 1-2	Email			
Sign:	City: Zip:	(Municipality Name)	/ / 20 (Month) (Day) (Year)	Phone (			
	C 4'P 4' P C' 1.4						

(Circulator's Residence - Street Name and Number)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(5)(a), Wis State

Page No. (Official Use Only)

(certify): I reside at 52

(Year)

(Month)

(Day)

Circulators
Please include y

Phone

Return

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PO Box

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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MAUREENFRITCHE	Maureen Fritchen	Street: 3612 NICOLET PL City: North Bay W/ Zip: 53402	Drown CBC Willage North Bay	1//9/20// (Month) (Day) (Year)
Katherine B. Carsa	Kathewe B Carson	Street 6427 Norfolk Lane	Krc Krc Krc Krc City Mt. Pleasant	// /20/20// (Month) (Day) (Year)
Eileen Teska	Eileen Iesla	Street: 5023 Singing Trees By Cay: Caledonia 210: 53406	Trown ICPL Svillage Caledonia	// BD/20// (Month) (Day) (Year)
Christina Dresen	Churchton	street: 4115 Washington Arc City: Racine W zip: \$6 53405	Town Cliv Racine	// /20/20 <u>//</u> (Month) (Day) (Year)
Sara Bublitz	SmaBute	street: 1508 Deana Blvd.  City: Racine zip:53405	Town CBC City Racine	1 / 20/20 <u>1 (</u> (Month) (Day) (Year)
Diana Pavao	Diana Power	Street: 2404 Javane Blud City: Roseine Zip: 53403	Town KBC Village Vacine	11 /20 / 201/ (Month) (Day) (Year)
Maria J Kotz	Marra Koz	Street: 20 Sheffield Dr City: Rayne W zip: 53402	Town CGC Scity Racine	11 22 20_1 (Month) (Day) (Year)
ROB GANNON	look Sami	Street: 2636 GEGRGDA AUE City: RACTIVE Zip: 53464	Town (CBC PCity Racine	11 /2C/ 20_11 (Month) (Day) (Year)
ALAN N. CARSON	alan M. Caran	Street: 6427 NORFOLK LAHE CHY: MOUNT PLEASANT ZIP: 53406	Prown Mt. Meas KBC	11/20/20 <u>11</u> (Month) (Day) (Year)
0.		Street: City: Zip:	□ Town ICBE □ Village □ City	/ /20 (Month) (Day) (Year)
Katherine B.Ca	Certification of	of Circulator ify): I reside at 6 427 Norfolk Lon	w Mt. Plegso	4

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Marrica 1	Marricos	street 844 Taylor ave city Racina 21,63463	Oty Pacika		Email Phone		
2 Ouming Random	QR.	street: 1224/Tsabelloans	Town Village Racus	/ / / / / 2 d	Email Phone		
3. Brashe Gibson	Binshe Hilson	Street: 1466 jathst City: Racine zip: 53403	UTown Village RACINE	11 / 17 20 11 (Month) (Day) (Year)	Email Phone		
Janqueline Moss	Jacquela Moss	street: 5520 3 Mile Rd  city: Racine WI zip: 53406	UTown Uvillage City Caladionia	// bo/201	Email Phone		
5. LATRICIA APPLICATE	Latin apply to	Street 3713-15 th St City: Kenosha zip: \$3140	D Town U Xillage O City		Phone (		
Rance cutur	Range Cute.	Street: 20115 Greenhayld	O Town O Village Offiny Pacine	// /20 // (Month) (Day) (Vear)	Phone ( )		
7. In language	I Mc Harge	CHY Kenosla WI ZID 5340	Prown U Village	11   De   201   (Month) (Day) (Year)	Email Phone		
8. Suranne Mati	Simon	Street: 3134 Wood Rd #6 City: Racine zip: 53406	Town Village Jack Le	(Month) (Day) (Year)	Email Phone		
9.	1. Well	Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone		
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone		
marrica Bra		of Circulator 844 Taylor (	que Bace	ie	Circulators, pl		

(Circulator's Residence Street name and Number) (Circulator Municipality) (Hame of Circulator) s of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed I personally circulated this recall petition and personally obtained each of the signatures of this paper. I know that the signers are ele I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Year)

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C	DATE OF SIGNING	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS
Email Phone	/ / & / 20 1/ (Month) (Day) (Year)	O Town Vacine	Street: 2015 Carter St City: Racine Zip: 83402	Nabernel Brown	1. C. HVERWELL Brown
Phone (	11 /21/20 <u>U</u> (Month) (Day) (Year)	Town Village Racing	street: 1341 Indiana St.  City: Kacino zip: 53405	Vielo Expression	CHURRICII Brown 2. Nichole Jenson-McOntool
Phone (	/ 20 (Month) (Day) (Year)	☐ Town ☐ Village ☐ City	Street: City: Zip:	V	<b>3.</b>
Email Phone	/ /20(Month) (Day) (Year)	☐ Town ☐ Village ☐ City	Street: City: Zip:		4.
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Email Phone	/ /20	☐ Town ☐ Village ☐ City	Street:  City: Zip:		7.
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Ι, ͺ e that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats. the paper with full knowledge of

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILIN	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	TICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
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Lovely	Is casely	Street: 2515 WEST CRESCENT DR. City: Racine Zip: 53463	Town Utillage Reity Pacine B.C.	/////20 <u>//</u> (Month) (Day) (Year)
Mary BURANT	mary Burant	Street: 1917 Mars AV  City: Ratine W1 Zip: 53404	Town Village Raine	11/2Z/2011 (Month) (Day) (Year)
Pang yang	Para	street: 6734 middle Rd cir: Racine WI zip: 532402	Town Willage Caledon (17 a	11 B2 20_11 (Month) (Day) (Year)
Lachael Brere	Lachael B	Street: 5 403 Westmore DV. City: RGUN, WI zip: 53406	Town Village Racine	M 20/20// (Month) (Day) (Year)
RICHARD MARTELL	Richard Markell	Street: 3612 Candle of #7  City: Racine zip: 53402	Town St Village City Caledonice	(Month) (Day) (Year)
Randy Scheel	RondyShul	Street: 611 4 Mile RS. City: Racine WI zip: 5340 Z	Town Divillage aledonia	\\\\/\\\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Jou Sofaberc	Gondolud	Street: 630/ 9 Mile LD  City: PAVIE W/ Zip: 53/02	Town City Andonia	// 2 // 2 // (Month) (Day) (Year)
Keilis Hart	Velta Dart	Street: BUI WOIFF ST. City: ROCING WIT Zip: 5321UZ	□ Town □ Village  SkCity  RCity	\\\\/ \/ZZ \/20\l\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Ancelica Valdina	Apoplion Valdmi	Street: 5832 San-Dell Way City: Racine, W Zip: J3402	Town City City Conice	11 /22/20 11 (Month) (Day) (Year)
).		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
Debra Christer	Certification (cert	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nt Caledon	ia .

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		City:	Zip:	☐ City	(Month) (Day) (Year)
	Certific	ation of Circulator	0	•	<b>1</b>
I, Nebra Christ	ensen	, (certify): I reside at 2110	Crown raj	ne (	Circulator Municipality)
I personally circulated this recall petition and person the paper with full knowledge of its content on the de	f Circulator) ally obtained each of the signatures on this paper. I k ate indicated opposite his of the name. I know their r	now that the signers are electors of the j	ator's Residence – Street name an arisdiction or district represented by the special petition. Lam aware that falsify	e officeholder named in	this petition. I know that each person signed
<u> </u>	11 haben	(Signature of Circulator)		mg and cordination is p	Page No. (Official Use Only)
(Month) (Day) .	(Year)	(organisme of chemistor)			# 1982

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard

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from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and S.9.16	0 of the Wisconsin Statutes.			РО В
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	Madi
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONT.
1. Gerald Rodtke	Sind Rubbe	Street: 4738 Hwy V	Town Village Caledonia	11/18/2011 (Month) (Day) (Year)	Phone
2.	P 1 D Wha	Street: 4738 Hwy V	Town	12/18/2011	Email Phone
Carol Radtke	- 1 D	City: Franksuille zip: 53126 Street: 3200 9744 54.	Ocity Caledonia Otown  Village	(Month) (Day) (Year)	Email
Timothy K. Smith	Formally K. Smull	City: STURTEUANT ZIP: 53177	City STURTVANT	(Month) (Day) (Year)	Phone ( ) Email
Justin Prestler		city: Racine Zip: 53405	City Mt Pleas ant	il / 33/2011 (Month) (Day) (Year)	Phone ( )
"Ashley	Audi V	Street: 4300 My Mu Ct	City Caledona	(Month) (Day) (Year)	Phone QU1
DOUGLAS WOLTESHIA	Douglas Wortes Let	Street: RACING 3811 N. MACN	□ Village	11 /22/20 <u>11</u> (Month) (Day) (Year)	Email Phone
7. Jamie Breiwick	The Dis	Street: 5236 Willows en Rd	Town Village Racine	11 /22/20/1 (Month) (Day) (Year)	Email Phone
8. Steven Weisnich J.	Spul	Street: 1200 Kingston AUC  City: PACINE, UI Zip: 53402	☐ Town ☐ Village	11/27/20/1 (Month) (Day) (Year)	Email Jessical Phone (414) 7
" Kay FAN	leen	Street: 36/6- 4 MIG	Town City CALLON /A	(Month) (Day) (Year)	Email Phone
10. Sally Peterson	OMPH	City: Recipe 253402	Town Hillage Gledonia	// /2/20// (Month) (Day) (Year)	Sag thus Phone 262)
	Certification of				() () () () () () () () () () () () () (
Debra Chrote (Name of Circul	nsein, (certi	ify): I reside at Circulator's Residence – Street name and	O D D Cold Number) (Circulator N	2don Ce	Circulators, plea

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUI	NICIPALITY OF RESIDENCE MUST ALWAY:	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Vicholas Power	NdolesTores	street: 23 hake wood Drives city: Racino zip: 53402	Town Brillage City Lind Point	// /22/20// (Month) (Day) (Year)	Email / S Phone
MARY PECK	Mary Pech	City: RACINE Zip: 5340	De City LA LEDDNIA	1, / 2 + 20 11 (Month) (Day) (Year)	Email Phone
Toanne Beaulieu		siree: 3336 Shore wood Dr.  City: Racine WI zip: 53404	Town Willage Caledonia	// /22/20// (Month) (Day) (Year)	Phone (
CARLES BAUEK-KING	Charles Baun-Key	Street: 700WATERS EDSE #5 City: Kaenee, WI zip: 53402	D Town Stillage Caledonic	// /23/20// (Month) (Day) (Year)	Email Phone
NANCY BAUER-KING	Devet-King	Street: 700 WATERS EDGE #5 City: RACINE Zip: 53402	Brillage Coledonia	11 23/2011 (Month) (Day) (Year)	Email Phone
TRACI MOTTE	Jaci hall	STREET: 2011 NEWBERR LN CITRACINE ZIP. 5340Z	Drown O Village CA & SO NIA	11 \$\frac{23}{20}\$\frac{11}{(Month) (Day) (Year)}	Email Phone
JOSHUM MOTTL	flittatt	Street: 3318 1074 AUE  City: RACINE Zip: 53402	Syllage CACINE	11/23/2011 (Month) (Day) (Year)	Email Phone
Kimbertey Harrison	Carafar	strell 366 Ambassador In City: Racere WI 53402	Town Caladonia  City	/3/20L1 (Month) (Day) (Year)	Email Phone
PRNARD J NEMOORE	Beend & Nemour	Street: 4017 5m1, 20 City: RACINE W1, 210: 53462	Town CALE POOL A Stillage CALE POOL A	// /23/2011 (Month) (Day) (Year)	Email Phone
Hunter		Street: 4623 LASQUE S. City: RACINE 210: 53462	Town Village Caledonia City	11 /2 3/2011 (Month) (Day) (Year)	Email Phone
Debra Christs	Certification of	of Circulator			1

(Name of Circulator)	(Circulatory) Project and Circulatory	
personally circulated this recall petition and personally obtained each	of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed in this petition.	
he paper with full knowledge of its content on the date indicated opportunity	it has a signatures of this paper. I know that ne signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed it has or her name. I know that represented by the officeholder named in this petition. I know that each person signed it has or her name. I know that represented by the officeholder named in this petition. I know that each person signed it has one of the purisdiction or district represented by the officeholder named in this petition. I know that each person signed it has one of the purisdiction or district represented by the officeholder named in this petition. I know that each person signed it has one of the purisdiction or district represented by the officeholder named in this petition. I know that each person signed it has one of the purisdiction of the purisdiction or district represented by the officeholder named in this petition. I know that each person signed it has one of the purisdiction of the	
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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LETER J,	Jeter Hanson	Street: 6366 AMBASSIOUR DR City: RACINE, WI Zip: 53402	Town CALEDONIA	11/23/20_1( (Month) (Day) (Year)	Email Phone
Gerald R. Teski	Herold & Tester	Street: 4615 Pilgrim DV City: Rgeine W: zip: 53464	Town Styllage CALE DONA	11/23/201/ (Month) (Day) (Year)	Email Phone
. Richard Spang	Richard	Street: 7849 4 mi RD City: Drawbout 111e zip: 5312b	Town Village Coled on ia	// /35/20// (Month) (Day) (Year)	Email Phone
Shirlay Green	Shis Gren	street 6810 Middle Rd City: Caledonia zip: 53402	☐ Town Village	1/23/2011 (Month) (Day) (Year)	Email Phone
STAN TIMM	Santy I how	Street: 1125 Yout St., City: RACIND Zip: 53402	Town Village Cacul	i1 / 232011 (Month) (Day) (Year)	Email Phone
MARTHA TIMM	Marchet	Street: //25 YOUT ST, City: RACINE Zip: 53402	Town Village Racin	// /23/20// (Month) (Day) (Year)	Email Phone
PATRICIA HENNINGFED	Patricia Jenningfield	Street: 51/2 VALLEY TRAIL City: RACINE Zip: 53402	Drown Stillage OCINT	// /23/20// (Mouth) (Day) (Year)	Email Phone
JOHARUON BOLARSON.	CABR.	Street: 6620 WHZTEWATER.  City: RACING - Zip: 53W2.	□ Town □ Village □ City  AEOUNEA	11 /23 /20 11 (Month) (Day) (Year)	Email Phone
Amber Bondeson	aule Brideson	street: 6620 Whitewater St City: Racine zip: 53402	Town City Caledonia	(1/23/2011 (Month) (Day) (Year)	Email Phone
o. Jina Cumnings	a 90	Street: 1401 N Emny + Sen RD City: Rache Zip: 53406	Town Uvillage City H Pleasant	(// 3/2011 (Month) (Day) (Year)	Email Phone
Debra Chris	Certification of Certif		ton Coloda	into	
(Name of Circu	lator) , (cetti	(Circulator's Residence – Street name and	d Number) (Circulator)	Municipality)	Circ

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Phone Email

#### WAN WANGGAAPE PECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Madiso THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING Rural address must also include box or fire no. (Also Indicate Town, City, or Village) 1. Email ¥ Village ≯ ☐ City Phone (Municipality Name) (26 ☐ Town Village City Phone (Municipality Name) (26 Email ☐ Town □ Village **K**City Phone (Municipality Name) 26 ☐ Town ☐ Village City 11/21/2011 Phone (Municipality Name) ☐ Town **X**Village City Phone (26

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator)

(Month) (Day) (Year)

(Printed Name of Circulator)

(certify): I reside at

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K23135

Circulators

Please include y

VAN WANGGAARD-REGARD-PETET

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Bo THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. Madis THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email ☐ Town @ 4 ☐ Village City 11/2/20/1 Phone 2. Email □ Town ☐ Village ☐ City Phone (Municipality Name) ☐ Town □ Village 11/21/2011 (Month) (Day) (Year) (Municipality Name) Email 🗆 Town ☐ Yillage City Phone 26 ☐ Town ☐ Village Phone (certify): I reside at (Printed Name of Circulator)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.12(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

(Month)

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Michelle Springer	Michelly Springer	Street: 807 Virginia St.  City: Racme, zip: 53405	Town Pache	11 / 14 20 11 (Month) (Day) (Year)	Ema
Cortnie Pfarr	Cont Pt	street: 5309 LATHOND RUE City: ROCIR zip:53403	Down Brillage City Mount PROSIN	// / / 20 1 (Month) (Day) (Year)	Ema
Heather Laurence	Ilfamene	street. 3300 Southward OX  City Roncepe zip: S3100	Down Willage Oct March	Month) (Day) (Year)	Ema
Laurie Bauer	usquer	Street: 5727 Regerry Hills D City: Pacine zip:53406	Drown City Mt Pleasant		Pho
Smother &	Jan 2	City MODEL WI Zip: 03653	City 5 12 10 Co	(Month) (Day) (Year)	Pho
		Street:  City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Pho
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Vear)	Ema
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0.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Vear)	Ema

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	10.		·		Street:		☐ Town ☐ Village	/ /20
	<b>, t</b>				City:	Zip:	☐ City	(Month) (Day) (Year)
				Certification	on of Circulator			
	1/2	DeBauch	The second				1 - 1-11	1 1.5
I,	MEUIN	Velgaucke			(certify): I reside at	727 Regency M	10c 53406 1	lain WI
			f Circulator)		(0	Circulator's Residence 🖊 Street r	name and Number)	(Circulator Municipality)
I pers	onally circulat	ted this recall petition and person	nally obtained each of the sig	natures on this paper. I know	that the signers are electors	of the jurisdiction or district represent	ed by the officeholder named in this pe	etition. I know that each person signed
the pa	iper with full k	cnowledge of its content on the	late indicated opposite his or	her name. I know their respec	ctive residences given. I supp	port his recall petition. I am aware th	at falsifying this certification is punish	able under S.12.13(3)(a), Wis. Stats.
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	(Month)	(Day)	<u>(V)</u>		(Signature of Circu	lator)		Page No. (Official Use Only)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTIORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
James Glitzly	Jun III	Street: 3714 Ceartar ST City: Racina Zip: 53402	□ Town  Village ( ) Town  City	11/22/2011 (Month) (Day) (Year)
Cristine Chiapote	tustine Chapete	Street: 4219 Lake meadow Dr City: Racine, W1 24p: 53402	Drillage & Wind Point	(1 /22 / 201 (Month) (Day) (Year)
DonaldBurant		City: Racine Wis 1 Zip: 53404	Town Village Pacine	1 /22 / 20 /1 (Month) (Day) (Year)
Chang Yang	By	Street: 6734 Middle Rd 214: 53407	Town Devillage Calladonia	// /27/20/(Month) (Day) (Year)
ALLON Rosque	aller I Porfied	Street: 4908 Scatte Word	Town Village City Matoria	/ 2011 (Month) (Day) (Year)
Colleen Patterson	Cufste	Street: 7348 Foley Rel City: Baine, Zip: 53402	Drown Village (dedonia	11 / 22/ 2011 (Month) (Day) (Year)
Scott Schastian	1-6	Street: 6023 Douglas Ave City: Racine Zip: 53402	City Carle Coma	// /Z \_ 20_1/_ (Month) (Day) (Year)
Edde Joures	Elica	Street: 7821 NOYWOOD DZ  CHY. T. L. C. L. C. Zip: \$3403	O Town Cac Co	(Month) (Day) (Year)
William Terpstra		Street: 2956 Novthbridge DV City: Rawne zip: 53404	Town Willage Calecton va	11/242011 (Month) (Day) (Year)
Khou Perry	The Person	Street: 1622 Daklawn FR City: Rakine Zip: 53402	Drown Styllage Calecionia	1) /22/20_11 (Month) (Day) (Year)
ina Scholze		or of Circulator # 1852 Tay 1.	orave Ruci	ne
(Name of Circ ally circulated this recall petition and personally o	btained each of the signatures on this paper. I know that	(Circulator's Residence — Street name an at the signers are electors of the jurisdiction or district represented by the ve residences given. I support this recall petition. I am aware that falsify	officeholder named in this petition. I know t	hat each person signed

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
ATHRYGLKEHON	Kuty & Kenn	Street: 1540 HAYES AVE  City: RACINE Zip: 163405	Orown Ovillage Dicity LACINE	// // 7/20/11 (Month) (Day) (Year)
Debtail Known	Deblace Knauer	street: 3610 magainemRd. #) city: Raceine zip: 53405	O Town O Village Sticity Record	\\ \\ \/S\/20_1\\\\ (Month) (Day) (Year)
CHEN SEAMONDEL	Eller Sermandel	Street: 9500 BROODWAYDR CHO STREET STORY Zip: 53[7]	City StuRIEVANT	(Month) (Bay) (Year)
Matt Walter	Klast a deter	street: 1533 Chathan St.  City: Racine zip: WI 53	Orillage Raeine	Menth) (Day) (Year)
Denr Daans	man Crama C	Street: 3706 Rio Vista Rd City: ROCING 219:53404	Town  City Caledonia	Month) (Day) (Year)
nIKE GAGNON	melon	Street: 806 LAKE AVE#1  City: PLCINE zip:53403	Town Village City  City	///8/2011 (Month) (Day) (Year)
Laune Leiting	Lamo Berten	Street: 4220 Lothrop Ary. City: Racine Zip: 53403	Dirown Mt. Distant	///8/20// (Month) (Day) (Year)
Phil Bodenhach	P. Bell	street: Racine 4212 LaSalle City: Racine zip: 53402	Town Village Racine	(Month) (Day) (Year)
JOSHUA VALLES	J. Valles	Street: \$ 523 HIGH ST.  City: RACINE Zip: 53402	Town Utilage  ACINE	11 / 18/20 11 (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	(Month) (Day) / 20
-	Certification	of Circulator	· 0	
Tiwa Scho (Name of Circu Ily circulated this recall petition and personally obt	lator)	tify): I reside at	nd Number) (Circulator	Municipality)

(Signature of Circulator) (Year)

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Debra Christensen 2.	Debeg Christ	Street: 2110 Crown Point Dr City: Racine Zip: 53408	Town Willage Coledonia	11 // (20/1
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
3.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
4.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
5.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
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7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
8.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
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10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
T ( :	Certification	of Circulator	1/	-
Tina Schol (Name of Circulersonally circulated this recall petition and personally obtopaper with full knowledge of its content on the date indicated the content of the date indicated the content of th	lator) ained each of the signatures on this paper. I know that	ify): I reside at (Circulator's Residence – Street name an the signers are electors of the jurisdiction or district represented by the residences given. Juppopt this refall petition. I am aware that falsifying	officeholder named in this petition. I know t	Municipality) that each person signed
$\frac{1}{\text{(Month)}} / \frac{23}{\text{(Day)}} / \frac{20}{\text{(Year)}}$	1 Jun	(Signature of Circulator)		Official Use Only)

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIG
1. Ricky Person	Muhlen	Street: SSOI CITATION LN City: RACINE WF Zip: 53402	Town Utilage Spicity Cuty Cuty Cuty Cuty Cuty Cuty Cuty Cu	//23/2 (Month) (Day) (Y
Maureen Pesta	Maureen Pertka	Street: 6727 Lone Elm Dr. City: Racine Wi Zip: 53462	Town Octy Caledovia	///33/20 (Month) (Day) (Yo
3. Kändrett Bully	Sound Server	Street: 3980 WILD ROSE COAX  Out AAC NE CIF Zip: 53/2	Town  O City  A Gard  Town	// 20 (Month) (Day) (Y
LAUDENOED. CAME	Wang Dom	Street \$550 (W/ND DALE NO.  City: RACINE 111, 2553402	Town Divinge City  AUTOMAN  AUTOMAN  TOWN  TOWN	// R3/2/
Theodore Wojes	cheodore Wis	Street: 4906 Parry Ade  City: Racine Wi zip 53462	DTown DVillage Caledonia	11 /2/20 (Month) (Day) (Y
6.	0	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /2 (Month) (Day) (Y
7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /2 (Month) (Day) (Y
8.	•	Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /2 (Mouth) (Day) (Y
9.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /2 (Month) (Day) (Y
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /2 (Month) (Day) (Y
Tima Schol (Name of Circul		of Circulator  ify): I reside at 133 to 100 0  (Circulator's Residence Street name ar	ve Racin	Municipality)
rsonally circulated this recall petition and personally obta	ained each of the signatures on this paper. I know that	(Circulator's Residence - Street name at the signers are electors of the jurisdiction or district represented by th residences given. I support this recall petition. I am aware that falsify	e officeholder named in this petition. I know ying this certification is punishable under S.12	that each person sig

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard

PRINTED NAMES OF ELECTORS				BE LISTED.
	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Jodene Le Denmart	Jodese Le Denmat	Street: 3112 Congy Hones Rel. City: Facine, Wi zip: 53406	Drillage Mt. Plasant	// /23 /20_// (Month) (Day) (Year)
Michelle BARNES	Muhelle Baines	Street: 1/30 S. Mam 5T # 313 City: Rouse zip: 53403	O'Town O'Village PAcine	// /2 / 20 // (Month) (Day) (Year)
FRANK VITA	Frank Vita	Street: 2893 3MILE RD City: RAZINE Zip: 53404	□Town KAQINE □Village □TOty	// 23/20// (Month) (Day) (Year)
Jon Senzing	Johnson	Street: 2916 O (Ne St City: Raine WI zip: 53403	Town Village Pacine	11 /23/2011 (Month) (Day) (Year)
PATRICK DIKED	Alice of Differ	Street: 2530 TULIP (T City: RALINE Zip: 53402	Town Avillage CA ON CA	1 /33/2011 (Month) (Day) (Year)
ARUT TESKA	Carol Liske	Street: 4615 Rilgrim DR.  City: RACINE WI Zip: 53404	Town Village CHEdoN'A	// /23/20// (Month) (Day) (Year)
Jeff Baugnud	If Boguel	street: 6423 Douglas Hue City: Kacille WI zip: 53402	Town Village Calcoura	Month) (Day) (Year)
M Bloke	m J. Sloh	Street: 3719 Wyoming Way City: Lacine WI zip: 53404	Town Kvillage Coledonis	// /23/20_// (Month) (Day) (Year)
Donna R Bellay	DonneRBP	street: 481 Indian Hills Dr 501 City: Recine w zip: 534de	Town RVillage M.). Pleasert	25   20   1   (Month) (Day) (Year)
		Street:  City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)

(Month)

office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and S.9.1	0 of the Wisconsin Statutes.		
THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Ilie Dawson	Olie Darkon	Street: 2201 Blake AVE. City: ROCINE 210.53484	Town IG	//Z/20
WANGA GOODING	- Worda Dowlla	Street: 2319 LAXARD AVE City: ROCINE Zip 53484	Town Village Racins	// /24/20_11 (Month) (Day) (Year)
DelPIAHSAM	Deliat Som	Street: 1009 MOTFAPR 53402	Town Village ROC9 NE	// 2220_ff (Month) (Day) (Year)
MICHAE   Ahiswe	e Michael Ahiswede	Street: 1011 MAY FAIR DE City: FACIA Zip: 53465	Town Village City	
Brenda comer	Brand Sone	City: Rucing Zip: 53402	D'City Rac Ne	1/2/2011 (Month) (Day) (Year)
Tich Pr d Stepn	Michard Steer	Street: 1011 94 F 675 - City: 17 a C 1 1/2 214: 53 NOL	Drown Villago	// /Z 20 1 (Month) (Day) (Year)
Barbara Kreesig	Barbara	Street: 1009 may Para	Oron Ovillage Pacine	21  22 20 <u>1</u> (Month) (Day) (Year)
Latonya Cox	Laterna Cox	Street: 145 COOLD STREET City: RAUM Zip: BY 12	Town Village Adductive Add	11   23   20 <u>/)</u> (Month) (Day) (Year)
elonda Jordan	Delonder Jordan	Street: 1009 mayfair DR city: 1009 mayfair DR zip: 53402	Town Village ACity Lacure	
		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
Johnne Record Report of Circular Control of Ci	(certi	fy): I reside at  Circulator's Residence - Street name and the squers are electric of the jurisdiction or district represented by the residence given support this recall petition. I am aware that falsifying the squere of the purisdiction or district represented by the residences given support this recall petition. I am aware that falsifying the square of the squar	officeholder named in this netition. I know t	Municipality) Municipality) 13(3)(a), Wis State

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
ennifer	Services	STEELS N. MOODOWS Dr City: ROCING WI ZIPS 3406	Town Caledonia	(Month) (Day) (Year)
0CC:0++;	Itay Carrioto	Street 5515 N. Madows Dr City: ROCINE, WI zip. 53402	Town Pullage Caldonia	[] / 220[] (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20
		Street: City: Zip:	□ Town □ Village □ City	/ /20
		Street: City: Zip:	□ Town □ Village □ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard

THE MUNICIPALITY USED FOR MAILIN	NG PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
JOSEPH G. SADLON	Joseph & Sudlon	Street: 1310 SCOT DR  City: RACINE WI' Zip: 53406	Town Pillage City MT AGISANT	// 23/20 // (Month) (Day) (Year)
HORMA KADOLPH	Darra Kadalph	Street: 2708 Rapids DR City: RACINE Zip: 53404	Town Utillage City TACINE	// /23 /20 // (Month) (Day) (Year)
CINDY STRATHMAN	Cindy Eut	Street: 1001 FAIRWAY City: RACINE , CAID: 53405	Town Utillage RCity  RACINE	// /23/20_// (Month) (Day) (Year)
bristine Hollowson	Christin Hallern	Street: 44/4 Kenny Wr.# 103 City: Racine 21g: 53/04	Town Cakednia	Month) (Day) (Year)
DAVED L. HANSEN	DelAen	Street: 704 HZSH ST  City: UNION GROUE Zip: 53182	Town Willage UNDNGROVE City	// /23/20// (Month) (Day) (Year)
Lori E. Lennert	lon E. Whnert	street: 3531 Portridge Terrace  City: Racine zip: 63404	Town Caledonia	11 /23/2011 (Month) (Day) (Year)
DAUID .L. MILLER	David I - Millar	Street: 2307 GENEVA ST. City: RACINE Zip: 53402	Town Village  KACINE	// 23/20// (Month) (Day) (Year)
Jerand J. Lakato		Street: 3641 Vermont 5+, City: Racine zip: 5,3406	□ Town   Oillage	13/20_11   (Month) (Day) (Year)
DeLoris Rannow		Street: 1550 Raintworlane) City: Racine 711153406	Town Village City  OCity  OCit	// /3/20 <u>//</u> (Month) (Day) (Year)
Doggy Sharkozy	Rose Dachery	Street: 4120 Olive St City: Recine zip:53405	□ Town □ Village  **City** Recine	// /23/20_4 (Month) (Day) (Year)

	DeLoris Kannow flexus True	city: Racine	zig: 53 406 Li City	M+ Plansat	(Month) (Day) (Year)	L
	10.	= 11120 Olux	S≠ □ Town		11/23/2011	E
	Paggy Sharkozy Resource Sharlezy	City: Recine	Zip: 53405 City	Recine	(Month) (Day) (Year)	P
	Certification	of Circulator	0		-0.4	_
[, _	KAY KRAUSE, (ce	ertify): I reside at	Red Hawk		Pleasant	_
	(Name of Circulator)		sidence – Street name and Number		r Municipality)	
pe he	ersonally circulated this recall petition and personally obtained each of the signatures on this paper. I know that paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective	ve residences given. I support this recall peti	ition. I am aware that falsifying this cert	er named in this petition. I know tiffication is punishable under S.1	that each person signed 2.13(3)(a), Wis. Stats.	
_	$\frac{\begin{array}{c c} & 1 \\ \hline \end{array}}{\begin{array}{c} \text{(Month)} \end{array}} \frac{\begin{array}{c c} & 23 \\ \hline \end{array}}{\begin{array}{c} \text{(Day)} \end{array}} \frac{1}{\begin{array}{c} \text{(Year)} \end{array}} $	(Signature of Circulator)		Page No.	(Official Use Only)	
				1 "		

THE MUNICIPALITY USED FOR MAILING	B PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAM	ME OF THE MUNICIPALITY OF RESID	DENCE MUST ALWAYS BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL RO Rural address must also include box or fi	DUTE MUNICIPALIT	OTING Y OF RESIDENCE DATE OF SIGNING a, City, or Village)
JOAN ROTKIS	Fran Rotkis	Street: 1601 S. Wine an	53403 Town Village Ra	ine   1   33   20 14   (Month) (Day) (Year)
Jean Thielen	Jean Thielen	Street: 3620 Kengsber City: Racins Zip.	Town Village Co	boseia (1/23/201/ (Month) (Day) (Year)
Julie Kilmer	Julie Kilmer	Street: 4529 Erie St	F3402 Town Care Care	ledonia 11/23/2011 (Month) (Day) (Year)
John Petersen	John Ceteran	Street: 2022 Saint CI	Town Village	11/33/20 <u>4/</u> (Month) (Day) (Year)
5.		Street: City: Zip:	☐ Town☐ Village☐ City	/ /20(Month) (Day) (Year)
6.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
8.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) / (Year)
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	(Month) (Day) / 20
10.		Street: City: Zip:	☐ Town☐ Village☐ City	(Month) (Day) / 20
KAY KRAUSE (Name of Circu	ulator)	of Circulator  ify): I reside at 8901 BED  (Circulator's Residence –	Street name and Number)	MT PLEASANT (Circulator Municipality) in this patition. I know that each person signed
conally circulated this recall petition and personally observe with full knowledge of its content on the date indicated in the content on the date indicated in the content on the date indicated in the content of the	tained each of the signatures on this paper. I know that cated opposite his or her name. I know their respective	residences given. I support this recall petition. I am a	aware that falsifying this certification i	s punishable under S. 12. 13(3)(a), Wis. Stats.  Page No. (Official Use Only)  # 149

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
JEROME VINE	Jesom Vine	Street: 1470 11 2 AV.  City: UNION GROVE Zip: 53(82	D Town  Williage  City  NON GROVE	11 h3/2011 (Month) (Day) (Year)	Email Phone
ALFRED G. ANDERS	afred 4.	Street: 2800 KENWOOD  City: Rasine zip: 53463	□ Town □ Village	// \$23/20 (Month) (Day) (Year)	Email Phone
William Moone	William Moare	Street: 2424 JEAN 53404 City: Pacine Zip:		(Month) (Day) (Year)	Email Phone
4. Christopher John Lehne-t	COU	Street: 3531 Perfunge Terrace City: Racine Zip: 53407	Drown Willage Calldonia	(Month) (Day) (Year)	Phone (
Jacqueline Pannell	Jacquelia Paynog	street: 2250 hayard 53404  City: Racine zip:	Town Uvillage Deny Racine	///23/2011_ (Month) (Day) (Year)	Email Phone
JAMES MILLER	Jumes Miller	Street: 2829 Enie St City: Racune WI zip: 534W	Town Village City  CACINE	//  23/20/	Email Phone
DON HOAGLENE	Dow Hong led	Street: 1400 HOWABDST. City: BRCINE Zip: 53404	Town Utillage  Scity  BACING	// 23/20// (Month) (Day) (Year)	Email Phone
8. JERRY RAMMOW	Jens Comm	Street: 1550 Rountree Lane  City: RACINE Zip: 53406	Town Village Mt Pleasant	11 /23/2011 (Month) (Day) (Year)	Email Phone
MATHEW ROTKIS	Malken Rothers	sight 601 50 Wiss are	Town Village Raine	// <u>b3/20/1</u> (Month) (Day) (Year)	Email Phone
Hannan Kilmer	Han in	Street: 4529 Erie Street  City: Placine zip: 53402	Town Willage Calidonia	1 /23/20 11 (Month) (Day) (Year)	Email Phone
ANDOLG FARRE	Certification		11/05	Raning	

	$O$ $\rightarrow O$	1 1/1 1()	$\triangle$ all $\angle$	Strept: 601 50 WW	) WE	□ Village	Wasin O	11/23/2011	
MATHEW	KOTKIS	Malten	Nothio	City: Ranino	z.F3403	City	Kasine	(Month) (Day) (Year)	Phone (
10.		41			Street	□ Town	Parti domice	11 /23/20 11	Email
Hannah	Kilmer	Han in		City: Racine	zip: 53402	☐ City	Calidonia	(Month) (Day) (Year)	Phone (
CAROL	E FORBE	3		of Circulator rtify): I reside at <u>4(20</u> 2	of St RALI	53°	405 City	of Racine	Circulator
personally circulated this re	(Name of Circus call petition and personally obt e of its content on the date indic	ained each of the signatures	on this paper. I know that	(Circulator), t the signers are electors of the jurisdic erosidences given. I support this recal	s Residence – Street name and ction or district represented by the	officeholder	named in this petition. I know t	Municipality) that each person signed .13(3)(a), Wis. Stats.	Phone
(Month)	$\frac{23}{\text{(Day)}} / \frac{20}{\text{(Year)}}$		ourl ?	(Signature of Circulator)	1		,	Official Use Only)	Email
							1	Vn2	L080

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Street: 6/2 Gente He    Town   Village   Villa		12 of the Wisconsin Constitution and S.9.1 purposes, when different than municipals	O OF THE WISCORS IN STATUTES.  TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
Since:    City:   Zip:	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS		MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Servet:    Corr   Corr   Corne   Corne	amela M. Rector	Canela M. Let		Aroun A Village Mt. Pleasant	
Commy Valenzuela Summy Column Colors Locine  Lalvin famillo Severe 6/13 Gent Ade  Color Pamile 2000 Ration Colors Pamile 2000 Ration Colors Pamile 2000 Ration Colors Pamile 2000 Ration Colors Recipe Circle 2000 Ration Colors Co				☐ Town ☐ Village	, , —
Servet: 6/3 Gente Ale    Town   Company   Comp	Tanmy Valenzuela.	Danny Valuguelo		Town CCINI	, ,
Street: 18 LS PARINE St.    Town   Village   V	Calvin Hamited	Ha Hall	City: Parise Zip: 53405	□ Village	
Ruth White Rull White City: Buy Lington Village Preity Buy Lington (Month) (Day) (Year)  THOMAS E. BROWN Thomas Buy City: Racine City: Racine City: Racine City: Racine City: Racine City: Town Village Cit	Everado Castillo	Evento Carlo	Street: 1813 PALINE St.	Charm ·	
Town	Ruth White	Rulh White	Street: 641 Foxtree Circleto	Village Profile	
Street:     Town     / 20	THOMAS E. BROWN	Thomas & Bur		Uvillage RACINE	
Streel:  City:  Streel:  Town Village City  City  Town  (Month) (Day) (Year)  Town  Town			Street:	□ Village	, , —
S				□ Village	, , <del>_</del>
City: Zip:	0.		Street: City: Zip:	☐ Village	/ /20 (Month) (Day) (Year)

Page No. (Official Use Only)
# 1500

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

BRINTED NAMES OF STRONG	avonations of the textons	CTRUTT A NEW ODD OF DATE AT POST	VOTING	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNIN
Lashaux Potterson	Stand of the or	Street: 1129 Park Ave	Town Uillage	11 /22/20]
	JA rangus alure	City: AUCI VU zip; 50700	Town	
RITACOLE	Rita Cole	City: facine W/5, zip: 53403	Village V 2010 (A)	(Month) (Day) (Year)
•		Street:	□ Town	/ /20
		City: Zip:	☐ Village☐ City	(Month) (Day) (Year)
•		Street:	□ Town	/ /20
		City: Zip:	- ☐ Village ☐ City	/ 20_ (Month) (Day) (Year)
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		City: Zip:	☐ Village☐ City	/ /20_ (Month) (Day) (Year)
		Street:	□ Town	1 /20
		City: Zip:	☐ Village ☐ City	/ /20 (Month) (Day) (Year)
•	Andrew Control of the	Street:	□ Town	1 /20
		City: Zip:	☐ Village ☐ City	/ /20_ (Month) (Day) (Year)
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			☐ Village ☐ City	(Month) (Day) (Year)
0.		City: Zip:	□ Town	1 1
		Street:	☐ Village☐ City	/ /20_ (Month) (Day) (Year)
	Certification	City: Zip:		
ANDREW LEM	b€ .(cert	ify): I reside at WIIS EUCLID AVE	Bulach Jonno Kpris	as Prairie

(Month)

(Day)

(Year)